



## Culturally Sensitive Strategy at 1000 The First Day of Life to Overcome Stunting in Papua Province

Hasmi

Departement of Master of Public Health Program, Faculty of Public Health,  
Cenderawasih University of Jayapura

**Corresponding Author:** Hasmi, [hasmiuncen@yahoo.co.id](mailto:hasmiuncen@yahoo.co.id)

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### ARTICLE INFO

**Keywords:** Culturally Sensitive, 1000 FTD, stunting

*Received : 8, September*

*Revised : 22, September*

*Accepted: 24, October*

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### ABSTRACT

The purpose of this Policy Brief is to present a brief and clear analysis of the stunting condition in Papua, emphasizing the importance of a culturally sensitive approach in the *First 1000 Days of Life period*. The search results by triangulating data and sources in the field and document review found fundamental problems, especially in Keerom. Poor parenting, lack of energy and protein intake, less diverse types of food, low immunization coverage. Children are raised with traditional practices. Mothers play the role of breadwinners, so the time to take care of the child is divided. This is all due to behavioral and cultural factors that require strategies that are sensitive to Papuan culture. It is recommended to immediately strengthen the Education of 1000 The First Day of Life through Local Media and using regional languages, the Integration of Local Cultural Values in educational materials and the involvement of Indigenous Leaders and Community Leaders in providing education.

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## INTRODUCTION

Stunting is a serious public health problem in Indonesia. Based on data from the 2022 Indonesian Nutrition Status Survey (SSGI) (Ministry of Health, 2023a), the national stunting prevalence reached 21.6%. The prevalence of stunting in Papua Province based on the results of the 2022 SSGI is 34.6% or 2nd out of 34 provinces. The following is a map of stunting prevalence data in Papua and trends in stunting prevalence in Keerom Regency based on the results of a national survey :



Based on the figure above, it is known that there are still 18 (62%) of 29 districts with a stunting prevalence >30%. Likewise, the prevalence of stunting in Keerom Regency, in 2022 increased from 25.9% to 34.4% in 2023 or an increase of 8.5%. This data shows that the achievements of Papua Province and Keerom Regency are still far from the WHO target of <20% (Ministry of Health, 2023b). The number of families at risk of stunting is very high, namely 4,715 families out of 17,561 families (Keerom Regency Health Office, 2025). The problem of stunting in Papua and in Keerom is caused by multiple factors, including individual factors, namely behavior, culture, and social factors (Nesa Ramadhani et al., 2019).

## LITERATURE REVIEW

### *Stunting*

Stunting is a condition of stunting failing to grow in children under five due to chronic malnutrition, which has an impact on children's physical growth and cognitive development (Henni Kumaladewi Hengki & Ayu Dwi Putri Rusman, 2024).

Stunting is a condition of a person's height that is less than normal based on age and gender. Height is a type of anthropometric examination and indicates a person's nutritional status. Stunting indicates poor nutritional status (malnutrition) for a long period of time (chronic). The diagnosis of stunting was established by comparing the z-value of the height score per age obtained from

growth charts that have been used globally. Indonesia uses a growth chart made by the World Health Organization (WHO) (Aryu Candra, 2020)

In Indonesia, the prevalence of stunting is still a serious problem, especially in the Papua region. Data shows that in 2022, the prevalence of stunting in Papua Province reached 34.6%, an increase from 29.5% in 2021 (Ministry of Health, 2023a).

Interventions based on local wisdom are also a proposed strategy in handling stunting in Papua. The use of local natural resources for supplementary feeding is considered effective, given their abundant availability and in accordance with the culture of the local community. This approach is expected to increase the compliance and sustainability of nutrition intervention programs in the community (Papua Provincial Government, 2025).

Efforts to handle stunting in Papua have been carried out through various policies and programs. The Papua Provincial Health Office, for example, has implemented a stunting management program with a focus on specific and sensitive nutritional interventions. However, the implementation of this program faces a number of obstacles, such as limited human resources, inadequate infrastructure, and geographical challenges that make it difficult to distribute aid and implement programs in remote areas (Elman Murib et al., 2024).

However, despite various efforts, the prevalence of stunting in Papua is still high. This shows the need to evaluate and strengthen more effective handling strategies, including improving coordination between sectors, community empowerment, and adjusting programs to local wisdom and specific conditions in Papua (Manangsang et al., 2024).

Factors that contribute to the high stunting rate in Papua include mothers' knowledge of nutrition, parenting, diet, and family income. A study in the working area of the Warsambin Health Center, Raja Ampat Regency, West Papua, found that low maternal knowledge, improper parenting, unbalanced diet, and low family income had a significant relationship with the incidence of stunting in toddlers (Nur Vandila Kalapat et al., 2023).

Based on the results of several studies, it is stated that one of the causes of stunting in children is due to the non-fulfillment of good nutrition for a long period of time and often not noticed by their parents so that after the child is over 2 years old, it is seen that the child is stunted. Based on the results of the literature review, it shows that the risk factors for stunting are 16.43 times at risk, low maternal education at risk 3.27 times, and children living in villages at risk of 2.45 times, BBLR at risk of 4.5 times, no ANC at risk 3.4 times, no immunization at risk of 6.38 times, and no exclusive breastfeeding at risk of 4.0 times are risk factors for child stunting in developing countries (Indah Budiastutik & Muhammad Zen Rahfiludin, 2019).

According to Nur Oktia's research in 2020, various risk factors for stunting in Indonesia can come from maternal, child, and environmental factors. Maternal factors can include the mother's age during pregnancy, the circumference of the mother's upper arm during pregnancy, the mother's height, breastfeeding or complementary feeding, early breastfeeding initiation and food quality. Childhood factors can be in the form of a history of low birth weight (BBLR) or

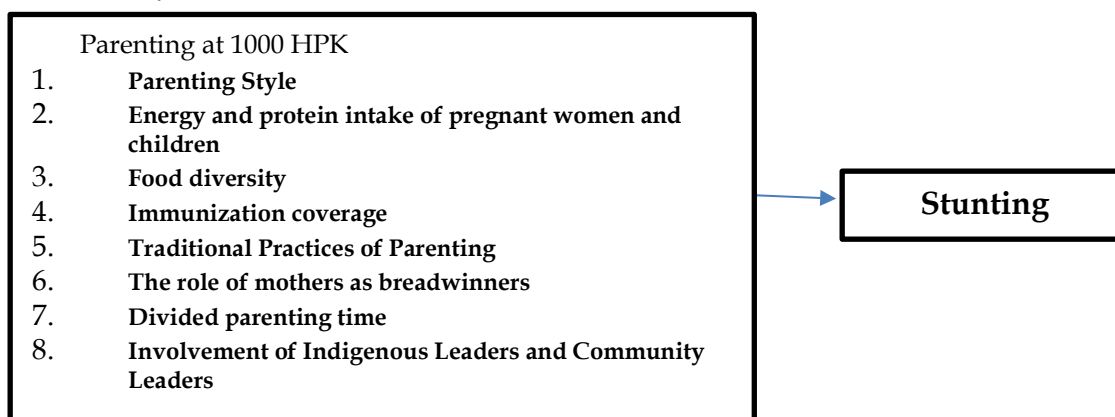
prematurity, children with male sex, a history of neonatal diseases, a history of frequent and recurrent diarrhea, a history of infectious diseases, and children who have not received immunizations. An environment with low socioeconomic status, poor family education, especially mothers, low family income, inadequate decomposition habits such as rivers or gardens or latrines, untreated drinking water, and high exposure to pesticides also contribute to the incidence of stunting. (Nur Oktia Nirmalasari, 2020). The results of Zilda Oktarina's research in Sumatra show that the prevalence of stunting in children is 44.1%. Significant stunting risk factors were maternal height (OR=1.36), fat intake (OR=1.30), number of family members (OR=1.38), and source of drinking water (OR=1.36). The dominant factor was the number of family members (OR=1.38) (Oktarina & Sudiarti, 2014).

### *Period 1000 The First Day Of Life*

The period of the First 1000 Days of Life (The First Day of Life) starting from conception to 2 years old is a critical period for interventions to effectively prevent stunting (P2PTM Ministry of Health, 2018) (Sianturi, 2025). At The First Day of Life, children need different types of nutrients, starting from macronutrients and micronutrient nutrients (Fadillah et al., 2024). However, medical and nutritional interventions alone are not enough if they are not accompanied by proper parenting, especially in the social and cultural context that affects child care practices (Masita et al., 2018).

The period of 1000 The First Day of Life is very important for stunting prevention because 1000 The First Day of Life is a window of opportunity for children's growth and development where adequate nutrition and stimulation during 1000 The First Day of Life determine the potential height and neural development of children (Saavedra & Dattilo, 2022). 1000 The First Day of Life is a determinant of stunting risk because chronic malnutrition that occurs in this phase, especially in the fetal period and 6–24 months is the main cause of stunting (Panzeri et al., 2024). The long-term impact of stunting on children is related to decreased cognitive capacity, school performance, and adult economic productivity; it also increases the risk of chronic diseases (Wanimbo Erfince & Wartiningsih Minarni, 2020).

### *Frame of Mind*



Picture 1. Conceptual Framework

## METHODOLOGY

This Policy Brief was compiled by tracing several studies conducted in Papua, especially in Keerom Regency by triangulating data and sources in the field and examining documents from the Provincial Health Office, data from the Keerom Regency Health Office and several sources from the National Survey

## RESEARCH RESULTS

Based on the results of the research on the H Early Childhood Care Index by BKKBN shows that at the national level the index of early childhood care in 2023 is 54.31 and the projected index of early childhood care in 2029 is 57.43 (BKKBN, 2024). If it is based on dimensions, in 2023 the lowest number will be the *Responsive Care* dimension which is 25.07 and the highest is the *Adequate Nutrition* dimension which is 66.65. The low practice of early childhood care can hinder the optimal growth of baduta (BKKBN, 2024).

Based on the research of Rahmadani et al., in Keerom it was found that indigenous Papuan parents with poor parenting OR=8.03 CI 95% (2.6-24.9) or 8.03 times the risk of their children being stunting compared to Non-Papuan tribes. Where is the parenting style that is not good, with the dimension of nutritional adequacy. Papuan children lack energy and protein intake and their food is not diverse. From the dimension of nutritional adequacy such as lack of protein intake, there is a 26.71 times risk of stunting compared to children who get enough protein intake (Nesa Ramadhani et al., 2019).

The results of this study are supported by the statement of Turas, SKM, M.Kes as the Secretary of the Keerom Regency Health Office that there are habits or customs of the indigenous Papuan people in Keerom, where children under five are not immediately given animal protein on the grounds that it can cause worms and a diet that prioritizes the head of the family to get food first, so that children and pregnant women, does not get major attention.

Cultural Practice in 1000 The First Day of Life based on the results of Yuni et al.'s research, stated that pregnant women in the Kamoro tribe in Papua, the workload remains high, even though they are pregnant they are still breadwinners, doing household chores. Parenting during pregnancy will affect parenting patterns in children at risk of stunting (Setiawati et al., 2025). This cultural practice of the Kamoro Tribe also turns out to apply to the indigenous Papuan community in Keerom, according to Handoko, the person in charge of Nutrition of Keerom Regency, that pregnant women in Keerom are also fully responsible for the continuity of food availability at the household level so that pregnant women must continue to work to meet their food needs and are also responsible for taking care of children.

Table 1. Maternal and Child Health Index of Keerom Regency, Papua Province, Indonesia

| Regency/Province/Indonesia/Target | Birth in the help of health workers(%) | There is a Birth Certificate (%) | Early Breastfeeding Initiation (%) | Ever Breast Milk (%) | Immunization Complete Basics (%) | Low Birth Weight (%) |
|-----------------------------------|----------------------------------------|----------------------------------|------------------------------------|----------------------|----------------------------------|----------------------|
| Keerom                            | 87,15                                  | 73,02                            | 72,11                              | 94,27                | 58,74                            | 14,48                |
| Papua                             | 82,49                                  | 50,85                            | 61,8                               | 86,17                | 46,4                             | 25,15                |
| Indonesia                         | 96,8                                   | 99,3                             | 75                                 | 96                   | 56,1                             | 6                    |
| Target                            | 90                                     | 99                               | 50                                 | 95                   | 100                              | < 8                  |

Source : (Profile of the Papua Provincial Health Office, 2024) (BPS, 2024).

Based on the table above, it is known that the maternal health index on child birth assisted by health workers both in Keerom and Papua Province has not reached the target, which is <90%. As for the index of children with birth certificates, both Keerom and Papua, all have not reached the national target of <99%. Likewise, the index has received breast milk, and the basic immunization and BBLR index have all not reached the national target. Only the Early Breastfeeding Initiation index exceeded the national target of >50%.

## DISCUSSION

The index of early childhood care in Papua and specifically in Keerom Regency has not reached the target, such as the index of children aged 12-23 months receiving complete basic immunization/complete routine immunization, which has only reached 13.4%, far below the national immunization achievement of 55.5% (B. Ministry of Health, 2023).

The Exclusive Breastfeeding Index has only reached 27.13% or is still far from the national target of 80%. The index of children aged 6-23 months consuming a variety of foods has only reached 7.25%, still far from the national target, which is > 50% (Keerom Regency Health Office, 2025). The index of children having birth certificates in Papua in 2023 is only 50.85% the lowest of the 38 provinces (BPS, 2024). The Index of Pregnant Women conducting pregnancy checks in Keerom Regency is 46.64%, still far below the target of achieving the National Minimum Service Standard, which is >95% (Keerom Regency Health Office, 2024).

All indicators of early childhood care that are still low in achievement are influenced by the behavior and culture of the indigenous Papuan people who need a culturally sensitive strategy. The results of the analysis of policies from the Keerom Regency regional budget, out of 25 policies for handling stunting, the integration of cultural approaches is still very low. The cultural approach in this case is to provide education to the community by using local languages and embracing traditional leaders and community leaders in providing education.

Providing education to mothers in rural areas has proven to have an important role in preventing stunting." (Hiskya, Ronald and Lewar, 2023). The research of Hiskya et al., underlines that education for mothers in rural Eastern Indonesia is very effective in reducing stunting rates. Especially if education is provided through counseling using local languages and embracing traditional leaders, with counseling, mothers are given knowledge about the proper provision



of MP-Breastfeeding, the importance of exclusive breastfeeding, and a clean and healthy lifestyle. Limited knowledge about the importance of nutrition during the first 1000 days of a child's life is also a major contributing factor to stunting problems (Maria *et al.*, 2024). These findings suggest that community-based and culturally sensitive interventions can increase family resilience to stunting risk.



Source : (Warmur, 2013)

source : (Tempo, 2025)

Figure 2. Papuan Women Working While Babysitting

## CONCLUSION

1. Behavioral, cultural and literacy problems of mothers in Papua, especially in Keerom Regency, are still the main problems, which causes the index of early childhood care to be far below the national target.
2. The main problem with the low index of early childhood care in Keerom Regency is due to the influence of belief, knowledge and culture of the community that needs a culturally sensitive strategy.
3. The lack of integration of cultural approaches in government intervention programs, especially in 1000 The First Day of Life.

## RECOMMENDATION

1. Strengthening Education of 1000 The First Day of Life Through Local Media and using local language with contextual narratives to disseminate information on parenting and nutrition during 1000 The First Day of Life
2. Integration of Local Cultural Values in educational materials such as adopting positive local cultural practices such as the cultural practice of eating sago caterpillars which are used as high-protein foods to prevent stunting and are used as educational entrances.
3. The involvement of Indigenous Leaders and Community Leaders in conveying health and care messages is easier to accept by the community because community leaders are more trusted than health workers.
4. Training of Cadres and Health Workers who can understand the local culture and language, so that the health message is conveyed

## FURTHER STUDY

There needs to be a more comprehensive follow-up research by adding research methods both quantitatively and qualitatively design.

## ACKNOWLEDGMENT

Thank you to the Papua Provincial Representative BKKBN, who has supported the funds for the preparation of the policy brief, thank you to the Dean of the Faculty of Medicine of Cenderawasih University, the Head of the Keerom Regency Office and thank you to all parties who have helped prepare this policy brief.

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